

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

**Questions and Answers
Regarding the New and Modified Service Definitions**

Child and Adolescent Day Treatment

| Service Definition Components | Questions | Answers | New or Revised? |
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| Service Definition | Please define Day Treatment as a service? Explain the functions of a Day Treatment staff person? | Day Treatment provides mental health and/or substance abuse interventions, which focus on achieving functional gains and on reintegrating the child back into school or transitioning into employment. | |
| Service Definition | Psychiatric Consultation w/i Day Treatment. What is the purpose? | Psychiatric consultation must be available to address any consumer who needs this level of monitoring due to psychiatric symptomatology and medication management. | |
| Service Definition | Can goals on the Person Centered Plan be addressed through use of some educational skills? | The IEP would be the document that addresses the educational goals. These goals might be referenced on the Person Centered Plan. | |
| Service Definition | Can we bill for day treatment for parenting classes/support groups,(supported by the PCP, held | Day treatment does include family support including training of family/caregivers and others who have | New – 8/15/05 |

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| | after regular program hours) as long as we don't exceed 6 hours per day? | a legitimate role in addressing the needs identified in the PCP. | |
| Service Definition | If we have therapists attached to the programs to provide individual and family therapy and those services, supported by the PCP, are provided on site but not during program hours can the services be billed as individual and family versus day treatment? | Day treatment includes professional services on an individual and group basis in a structured based setting. Thus, therapy should be included as a component of the day treatment program and not billed separately. | New – 8/15/05 |
| Staffing Requirements | Day Treatment definition indicates Qualified Professional 1:6 ratio but also talks about paraprofessionals. How do paraprofessionals fit in ratio? | Paraprofessionals may be needed to adequately meet the consumer needs. The ratio of Qualified Professional to clients still needs to be 1:6 but may also need paraprofessional staff in addition. | |
| Staffing Requirements | Do psychiatric Services have to be provided on site in Day Treatment? | No. Psychiatric consultation must be available but not necessarily on site. | |
| Staffing Requirements | If you do not have a Qualified Professional on site for Day Treatment fulltime, but you do have one consulting and in the program | No, the minimum staff to consumer ratio shall be present with consumers at all times. Transition issues are | |

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| | <p>for treatment planning and some interventions, is that sufficient?</p> <p>If not, how long will we have to get a Qualified Professional onsite fulltime? Can other staff who meets Q requirements (BA+2) meet this?</p> | <p>currently being discussed with respect to timelines.</p> <p>If a staff person meets the criteria for a Qualified Professional, as specified in rule 10A NCAC 27G .0104, then that person would be considered a Qualified Professional for the consumer population, in which the staff person has the required experience.</p> | |
| Staffing Requirements | <p>If providers are currently providing Day Treatment and the on-site manager is not a Qualified Professional, but the provider has a department supervisor that is a Qualified Professional, will this meet the Director's requirements?</p> | <p>No, the Qualified Professional needs to be onsite with the consumers.</p> | |
| Staffing Requirements | <p>For a point of clarification, if we have 10 students, we must have two fully qualified Professional with the consumers at all times that we are billing Day</p> | <p>A Qualified Professional must fulfill the Qualified Professional-to-consumer ratio requirement (i.e., 1:6). So, for 10 children in the same Day Treatment</p> | <p>New - 7/11/05</p> |

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| | <p>Treatment, right? There is a reference to APs and Paraprofessional but as it reads this would only be additional staff and not considered part of the required ratio. Is that correct? This is concerning because this is yet another service definition that precludes hiring a provisionally licensed individual to staff the program (i.e., a new graduate from an MSW program would not be able to provide this service). This also means that if you had to send in a substitute due to staff absence, you can only use a QP not a provisionally licensed or AP staff. As we are in the process of hiring and preparing for October, we would appreciate your review and clarification of these issues.</p> | <p>service, there would need to be two Qualified Professionals in order to meet the ratio requirement.</p> | |
| Service Type/Setting | Can Day Treatment be provided in a school setting? Does that meet the need of licensed setting? | Yes. Rule 10A NCAC 27G.1401(d) states: "The client's educational activities | |

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| | | may be provided in this facility or in another educational setting, such as regular classes or special education programs within a typical school setting.” | |
| Service Type/Setting | What does "Day/Night Service Available" means related to Day Treatment Service? | This service may be provided during the day or evening, but must be available a minimum of 3 hours a day and must be available a minimum of 2 days per week. | |
| Service Type/Setting | In one of our programs we bill 4 hours a day for day treatment because our clients are involved in school for the other 3 that they are in the building. Can we bill extra day treatment time for case management services provided for that client on a given day (if it totals and hour as I'm assuming that day treatment will continue to be billed in hourly increments)? | Day treatment is a day/night service that shall be available a minimum of three hours per day during all days of operation. It includes case management functions so if you provide 5 hours on a given day for a particular consumer then that is what you bill. However, case management is only a component of day treatment. | New – 8/15/05 |
| Utilization Management | How long would a consumer attend Child and Adolescent Day Treatment? | Child would attend as long as medically necessary. Authorization occurs every 30 days. | |

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| Utilization Management | Given the PCP, etc. what does the Division anticipate as the average length of stay for most day treatment clients...in the past it has been seen as a longer treatment option (4-5 months)? | There is no average length of stay. This needs to be determined on a case by case basis based on each child's need as determined by medical necessity per the PCP. Authorization is every 30 days. | New – 8/15/05 |
| Entrance Criteria | Currently, PORT, a substance abuse program requires that all client's (child & adolescent) who are in their Level II or Level III programs also go to Day Treatment Is this appropriate? It does not seem individualized or child centered will this occur after 7/1/05? | The need for Day Treatment will be authorized as medically necessary, not based on whether a child is in Level II or III services. | |
| Entrance Criteria | What would the Division see as the qualifiers for admission of 3-5 year olds? In the past our 3-5 year old program has had difficulty gaining authorization from Healthchoice as they most often want meds tried before behavioral interventions- obviously we think trying the behavioral | One of the Entrance criteria specifies: “The child is 3 to 5 years of age with atypical social and emotional development and manifest behaviors of a diagnosable mental disorder without therapeutic intervention.” | New – 8/15/05 |

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| | interventions is the first step. | | |
| Service Exclusions | If provider can provide case management functions for services like MST and Day Treatment. How will other provider bill community support at the same time? Would this be a problem with Medicaid? | If a client is receiving Day Treatment then Community Support Services can be billed a maximum of 8 units per month to provide coordination and continuity. This would be allowable via Medicaid if included in the Person Centered Plan. | |
| Service Exclusions | Discussion about community support indicated that community support workers would monitor all services, but definition says cannot be billed for children in Intensive In-Home, MST, Day Treatment or Level 2 - 4. Please explain. | Community Support can be billed a maximum of 8 units per month if included in the Person Centered Plan. | |
| Service Exclusions | The Community Support definition says Community Support and Day Treatment can overlap and has no specified overlap period. The Day Treatment definition says they can overlap but only for 2 weeks. Which is correct? | The 2 week overlap has been replaced by 8 units of Community Support per month, when included in the Person Centered Plan. | |
| Service | May Day Treatment | No. Intensive In | |

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| Exclusions | and Intensive In-Home be received during the same authorization period? | Home is a comprehensive service. | |
| Service Exclusions | If a child is already receiving Residential Treatment Level III, which requires 24 hours supervision and should provide for the treatment needs of the child. Should we STACK Day Treatment on the child in addition to the residential treatment? Many Level III providers require Day Treatment in order to admit children? | Day Treatment is a separate service from residential and must be provided in a setting separate from the consumer's residence. Day Treatment must be a medically necessary service and authorized according to the Person Centered Plan. | |
| Service Exclusions | Child Mental Health – Multi-systemic Therapy (MST) cannot be billed while individual is receiving in-home, day treatment, indirect-therapy etc., Is this not on same day, not at same time of day, or at all (both can not be authorized)? Also, please review Community Support with respect to Consumers in residential. | Day Treatment and MST cannot be billed together at all. Community support can be billed while a child is in Day Treatment, but only for a maximum of 8 units per month as indicated in the Person Centered Plan. | |
| Service Exclusions | Can a member of the Day Treatment teams | No. Day Treatment and Community | |

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| | provide community support to aid in the community reintegration process? | Support are authorized as separate services. Each service is provided by distinct staff. | |
| Service Exclusions | What case management services does the Division see as falling in the realm of day treatment vs. the community support worker's responsibilities? | Case management component of day treatment would include the broad range of services including assessing the child's needs for more comprehensive services, monitoring the provision of services and supports as well as convening the Child and Family team meetings. The Day treatment CM works closely with the Community Support worker to keep that worker informed of progress, lack of progress or potential need to look at a different array of services as the Community Support worker would be the link to a change in services. Community Support is limited to 8 units per month during Day Treatment authorization. | New – 8/15/05 |
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July 21, 2005

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